

Villa Maria Academy High School

Freshman Physical Form

Name of Student: _____ Date of Exam: ____/____/____

Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

*Immunizations must be updated and are required before entrance to school. Students may not enter school until the physical examination form is complete and on file at school.

IMMUNIZATION STATUS

Vaccine (doses)	Enter month, day & year (please give exact dates) each immunization was given				
Diphtheria and Tetanus DTaP, DTP, Td or DT	1	2	3	4	5
Tetanus, Diphtheria and Acellular Pertussis (Tdap)*	1	2	3	4	5
Polio	1	2	3	4	5
Hepatitis B	1	2	3	4	5
Measles-Mumps-Rubella (MMR)	1	2	Measles Serology Date		Titer
Varicella (Vaccine or Disease)	1	2	Rubella Serology Date		Titer
Meningococcal (MCV)*	1	2	Mumps disease diagnosed by a physician : Date		
HPV	1	2	3		

Age appropriate dose of MCV and Tdap are required for entry into 9th grade.

HEALTH HISTORY (Give Dates, if known)

Allergy _____ Epi-pen Yes or No _____ Behavioral Health Concern _____

Asthma _____ Inhaler Yes or No _____ Diabetes _____

Concussion _____ Heart Disease _____

Give significant details of child's medical history, including serious illness, operations, accidents, etc. _____

Height: _____ Weight: _____ BMI: _____ B/P: _____ Pulse: _____ RR: _____

Emotional Status	Normal () Abnormal ()	Teeth	Normal () Abnormal ()	Posture	Normal () Abnormal ()
General Nutrition	() ()	Glands	() ()	Scoliosis:	() ()
Skin	() ()	Heart	() ()		
Eyes	() ()	Lungs	() ()		
Glasses/	R: L:	Abdomen	() ()		
Ears	() ()	Neuro-muscular	() ()		
Hearing	() ()	Speech	() ()		
Nose & Throat	() ()	Skeleton	() ()		

Is child under treatment? Yes () No () Should this child have restrictions with physical education or sports activities? Yes () No ()

Medical Diagnosis/Restrictions _____

Medications prescribed _____

Signature of Physician _____ Date: _____

Print name of Physician _____ Telephone _____